

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/06/2007

PRODUCER (724)349-1300 FAX (724)349-1446

Reschini Agency Inc  
922 Philadelphia Street  
P.O. Box 449  
Indiana, PA 15701

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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

NAIC #

INSURED Andalex Resources, Inc.  
A Subsidiary of UtahAmerican Energy, Inc.  
6750 N. Airport Road  
Price, UT 84501INSURER A: Federal Insurance Company  
INSURER B: Lexington/National Union Fire Ins. Co  
INSURER C:  
INSURER D:  
INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR | ADD'L LTR | INSRD   | TYPE OF INSURANCE   | POLICY NUMBER         | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                    |               |
|------|-----------|---|---|-----------------------|----------------------------------|-----------------------------------|---|---------------|
| A    |           |   | GENERAL LIABILITY   | 37104410              | 06/01/2007                       | 06/01/2008                        | EACH OCCURRENCE                           | \$ 1,000,000  |
|      |           |   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |                       |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000  |
|      |           |   | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                            |                       |                                  |                                   | MED EXP (Any one person)                  | \$ 10,000     |
|      |           |   | <input checked="" type="checkbox"/> Includes XCU  |                       |                                  |                                   | PERSONAL & ADV INJURY                     | \$ 1,000,000  |
|      |           |   | GEN'L AGGREGATE LIMIT APPLIES PER:  |                       |                                  |                                   | GENERAL AGGREGATE                         | \$ 3,000,000  |
|      |           |   | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                       |                                  |                                   | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000  |
|      |           |   | AUTOMOBILE LIABILITY  |                       |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident)       | \$            |
|      |           |   | <input type="checkbox"/> ANY AUTO   |                       |                                  |                                   | BODILY INJURY (Per person)                | \$            |
|      |           |   | <input type="checkbox"/> ALL OWNED AUTOS  |                       |                                  |                                   | BODILY INJURY (Per accident)              | \$            |
|      |           |   | <input type="checkbox"/> SCHEDULED AUTOS  |                       |                                  |                                   | PROPERTY DAMAGE (Per accident)            | \$            |
|      |           | <input type="checkbox"/> HIRED AUTOS                      |   |                       |                                  |                                   |   |               |
|      |           | <input type="checkbox"/> NON-OWNED AUTOS                  |   |                       |                                  |                                   |   |               |
|      |           | GARAGE LIABILITY  |   |                       |                                  |                                   | AUTO ONLY - EA ACCIDENT                   | \$            |
|      |           | <input type="checkbox"/> ANY AUTO                         |   |                       |                                  |                                   | OTHER THAN EA ACC                         | \$            |
|      |           | <input type="checkbox"/>                                  |   |                       |                                  |                                   | AUTO ONLY: AGG                            | \$            |
| B    |           |   | EXCESS/UMBRELLA LIABILITY   | 3008743/<br>BE7250668 | 06/01/2007                       | 06/01/2008                        | EACH OCCURRENCE                           | \$ 25,000,000 |
|      |           |   | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                            |                       |                                  |                                   | AGGREGATE                                 | \$ 25,000,000 |
|      |           |   | <input type="checkbox"/> DEDUCTIBLE   |                       |                                  |                                   |   | \$            |
|      |           |   | RETENTION \$  |                       |                                  |                                   |   | \$            |
|      |           |   |   |                       |                                  |                                   |   | \$            |
|      |           |   |   |                       |                                  |                                   |   | \$            |
|      |           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY             |   |                       |                                  |                                   | WC STATU-TORY LIMITS                      | OTH-ER        |
|      |           | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? |   |                       |                                  |                                   | E.L. EACH ACCIDENT                        | \$            |
|      |           | If yes, describe under SPECIAL PROVISIONS below           |   |                       |                                  |                                   | E.L. DISEASE - EA EMPLOYEE                | \$            |
|      |           | OTHER   |   |                       |                                  |                                   | E.L. DISEASE - POLICY LIMIT               | \$            |

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Wildcat Loadout Act 007/033 - Cancellation Clause revised as follows: Should any of the above described policies be changed and/or cancelled before the expiration date thereof, the issuing company will mail (certified) 45 days written notice to the certificate holder named to the left.

## CERTIFICATE HOLDER

State of Utah Dept of Natural Resources  
Division of Oil, Gas & Mining/STE1210  
Attn: Pamela Grubaugh-Littig/Wayne Hedberg  
1594 W N. Temple, Box 145801  
Salt Lake City, UT 84114-5801

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Karen Williams/KAREN

Karen Williams